FORM RV-2 (Rev. 1992)

STATE OF HAWAII — DEPARTMENT OF TAXATION

RENTAL MOTOR VEHICLE AND TOUR VEHICLE

NOT WRITE IN THIS AREA

١	NAME:								
	MONTH OF		-						
		one month, it tiling monthly.)		40					
	QUARTER OF	one quarter, if filing quarterly.)		19	R.V. I.D. NO). _			
	SEMIANNUAL PERIOD	OF				19_			
	not combine your filing for more than o								
			COLUMN A		COLUMN B		COLUMN C		
		Surcharge Tax —	Surcharge Tax — Enter the Number of Rental Motor Vehicle		Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 8 - 25 Passengers		- Tour Vehicle Surcharge Tax — Enter the Number of Tour Vehicles Carrying 26 or More Passengers		
1.	OAHU DISTRICT								1
1. 2. 3.	MAUI DISTRICT								2
3.	HAWAII DISTRICT								3
4.	KAUAI DISTRICT								4
5.	TOTALS (Add lines 1 thru 4 of columns A, B, and C)								5
6.	RATES		\$2		\$15		\$65		6
7.	TAXES (Multiply line 5 by line 6 of columns A, B, and C)			00		00		00	7
	/OU DO NOT HAVE ANY ACTIVITY, AND THE RE ON LINE 8. THIS RETURN MUST BE FILED.	SULT IS NO TAX LIABILITY, ENTER	8.		XES DUE (Add line 7, thru C, and enter here				8
	FOR LATE FILING ONLY>			PENALTY		, >			9a
dol tou	Make check payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank. Write your rental motor vehicle and tour vehicle registration number and the period of payment on the check.			YOUR PAY	NTER AMOUNT OF	<u>→</u>			9b 10
	I de	eclare, under the penalties s cordance with the provisions o reunder.							
	IN T	HE CASE OF A CORPORATION OR P	'ARTNE!	RSHIP, THIS RET	URN MUST BE SIGNED BY	/ AN OFF	ICER, PARTNER, OR DULY AUTH	IORIZED	AGEN
SIGNATURE					TITLE		DATE		
				MAILING	ADDRESSES:				
THIS S	SPACE FOR DATE RECEIVED STAMP	P.O. Bo	ox 243	et Office 80 96804-2430	Maui District O f P.O. Box 1427 Wailuku, HI 967		7		

Hawaii District Office P.O. Box 937 Hilo, HI 96721-0937 Kauai District Office P.O. Box 1687 Lihue, HI 96766-5687